calfresh
BETTER FOOD FOR BETTER LIVING

RECERTIFICATION APPLICATION - CALFRESH ONLY HOUSEHOLDS

To keep your benefits coming on time without a break, please fill out, sign, date, and return this form to the county and provide proof of your circumstances **before** the end of your certification period. We need the information before or at your interview to finish the recertification. We need **at least** your name, signature, address, and dated form to begin the CalFresh recertification.

Case Name: Renee Apelo Case Number: 7310424

MAILING ADDRESS	CITY	STATE	ZIP CODE
140 Mirror Ct.	Patterson	CA	95363

Contact Authorization

Please give the county the best contact information to reach you. This will help in processing your application. By providing your contact information below, you are authorizing the county to contact you by phone, email, text,or to leave a phone message regarding your application.

HOME PHONE	CELL PHONE	CHECK BOX FOR TEXT
(408) 966-9099	(408) 966-9099	☑
WORK/ALTERNATE/MESSAGE PHONE	**EMAIL ADDRESS**	
(408) 564-9926	ftapelo@aol.com	

1. Has anyone moved into or out of your home (including newborns) in the last six months ? Please Check One) ☐ **Yes** ☒ **No**

(If **yes,** complete the section below)

Date of Move (mm/dd/yy)	Name (First, Middle, Last)	Date Of Birth	Relationship To You	Regularly Purchase And Prepare Food Together?
In ☐ Out ☐ / /		/ /		☐ Yes ☐ No
In ☐ Out ☐ / /		/ /		☐ Yes ☐ No
In ☐ Out ☐ / /		/ /		☐ Yes ☐ No

2. You may authorize someone 18 years or older to help your household with your CalFresh benefits. This person can also speak for you at the interview, help you complete forms, shop for you, and report changes for you. You will have to repay any benefits you may get by mistake because of information this person gives the County and any benefits you didn't want them to spend will not be replaced. If you are an Authorized Representative you will need to give the County proof of identity for yourself and the applicant.

Do you want to name someone to help you with your CalFresh case? (Please Check One) ☐ **Yes** ☐ **No** If **yes,** complete the following section:

AUTHORIZED REPRESENTATIVE NAME	AUTHORIZED REPRESENTATIVE PHONE NUMBER
Flora Tarcila E. Apelo	(408) 966-9099

Do you want to name someone to receive and spend CalFresh benefits for your household? (Please check One) ☐ **Yes** ☒ **No**

If **yes,** complete the following section:

NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

3. Have there been any changes to your address in the last six months? (Please Check One) ☐ **Yes** ☒ **No** If **yes,** complete the section below:

New Address: _____ Date Moved: _____

Mailing Address (If different from above): _____

4. If you have moved or have new/changed housing costs, please fill out the information below:

Your rent or mortgage per month now? $ _____

If paid separately, your property taxes and home insurance per month now? $ _____

4a. Do you have utility costs that are not included in your housing costs in the last six months? If so, check which ones:

☒ Phone ☒ Trash ☒ Water ☒ Electric/Gas ☐ Other heating or cooling costs

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5. Are you homeless? ☐ **Yes** ☒ **No** If **yes,** do you pay shelter costs? ☐ **Yes** ☐ **No**

6. Students: Is anyone who is applying for benefits including you attending a college or vocational school? (Please Check One)

☐ **Yes** ☐ **No** If **yes,** please provide the information below. If **no,** skip to the next question:

Name of Person	Name of School/Training	Enrolled Status (check one)	Is this person Working?
Renee Apelo (self)	Mission College	☐ Half-time or more ☒ Less than half-time ☐ Number of units: 3	☒ **NO** ☐ **YES,** Average work hour per week:
		☐ Half-time or more ☐ Less than half-time ☐ Number of units:	☐ **NO** ☐ **YES,** Average work hour per week:

7. Do you or anyone you buy and prepare food with get income from a job (earned)? (Please Check One) ☐ **Yes** ☒ **No**

If **yes**, complete the section below and attach proof. List each job for each person who works. If you need more space, attach a separate piece of paper and identify which question you are writing about. Examples include babysitting, salary, self-employment, sick pay, tips, etc.

	Job # 1	Job # 2	Job # 3
Name of Person who gets income:			
Employer Name:	Self-employed, check ☐	Self-employed, check ☐	Self-employed, check ☐
How often paid:	☐ Weekly ☐ Biweekly ☐ Other ☐ Monthly ☐ Twice Monthly	☐ Weekly ☐ Biweekly ☐ Other ☐ Monthly ☐ Twice Monthly	☐ Weekly ☐ Biweekly ☐ Other ☐ Monthly ☐ Twice Monthly
Monthly Gross Amount of Income:	$	$	$
Hours worked per month:			
Will this income continue?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

7a. Will there be any changes to anyone's job or income in the next six months? (Please check One) ☐ **Yes** ☒ **No**

Examples: Stopping, starting, increase or decrease of income, change in hours, quitting a job, going on strike, change in how often anyone is paid.

If **yes**, explain here and attach any proof

8. Do you or anyone you buy or prepare food with get income that does not come from a job (unearned)?

(Please Check One) ☒ **Yes** ☐ **No**

If **yes**, complete the section below and **attach proof**. Examples include: Social Security, Unemployment Compensation, Veteran's Benefits, State Disability Insurance (SDI), Child/Spousal Support, Worker's Compensation, Loan/Gifts, Earned/Unearned Housing, Utilities, Food, etc.

Name	Source of Income	One-time or ongoing payment	How much/How often
Renee Apelo	Social Security SSI	On going	$889.87/mo.

8a. Will there be any changes to this income in the next six months (Please Check One) ☐ **Yes** ☒ **No**

If **yes,** explain here:

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9. Medical Costs: Did anyone who gets CalFresh and is 60 years old or older, or disabled, have an increase or begin paying medical costs? (Please Check One) ☐ **Yes** ☒ **No**

(If **yes**, complete the section below and attach proof if this is a new expense or if change is more than $25.)

Who had the cost? _____ Type of cost? _____

Amount paid? _____ How often? _____

10. Child Support: Did anyone who gets CalFresh have to pay child support? (Please Check One) ☐ **Yes** ☒ **No**

(If **yes,** complete the section below and attach proof, if this is a new child support obligation or a change in the legal obligation to pay child support or an increase in the amount of child support paid.)

Name(s) of children _____

What is the current amount they have to pay? $ _____ Who paid support? _____

11. Dependent or Child Care: Does anyone pay for care of a child, disabled adult, or other dependent so you or the other person can go to work, school, or look for a job? (Please Check One) ☐ **Yes** ☒ **No**

(If **yes**, please only list the amount you or anyone in your household pays out of pocket. Attach proof if provider or the out-of-pocket amount has changed.)

Amount : $ _____ Who paid : _____ List dependent/child: _____

12. Are you interested in applying for Medi-Cal? (Please Check One) ☐ **Yes** ☒ **No** (ALREADY HAS MEDI-CAL)

If you answer "**yes**", the County will use your information to find out if you can get Medi-Cal.

13. Duplicate Benefits

Have you or any member of your household been convicted of fraudulently receiving duplicate SNAP (federal name for food assistance program, known as CalFresh in California) benefits in any state after September 22, 1996? (Please Check One) ☐ **Yes** ☒ **No**

If **yes,** who? _____

14. Trafficking Benefits

Have you or any member of your household ever been convicted of trafficking (allowing use of or selling EBT cards to others) SNAP benefits of $500 or more after September 22, 1996? (Please Check One) ☐ **Yes** ☒ **No**

If **yes,** who? _____

15. Trading Benefits for Drugs

Have you or any member of your household been found guilty of trading SNAP benefits for drugs after September 22, 1996?

☐ **Yes** ☒ **No** If **yes,** who?

16. Trading Benefits for Firearms or Explosives

Have you or any member of your household been found guilty of trading SNAP benefits for guns, ammunition, or explosives after September 22, 1996? (Please Check One) ☐ **Yes** ☒ **No**

If **yes,** who? _____

17. Fleeing Felon

Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony crime or attempted felony crime? (Please Check One) ☐ **Yes** ☒ **No**

If **yes,** who? _____

18. Probation/Parole Violation

Have you or any member of your household been found by a court of law to be in violation of probation or parole? (Please Check One)

☐ **Yes** ☒ **No**

If **yes,** who? _____

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CERTIFICATION

Please read carefully, sign, and date. By signing this form:

I understand that by signing this recertification application under penalty of perjury (making false statements), that:

- I read, or had read to me, the information in this recertification application and my answers to the questions in this recertification application.
- My answers to the questions are true and complete to the best of my knowledge.
- Any answers I may give for my recertification process will be true and complete to the best of my knowledge.
- I read or had read to me the Rights and Responsibilities (Program Rules Page 1) for the CalFresh Program and the CalFresh Program Rules and Penalties (Program Rules Pages 2 through 3).
- I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts to establish eligibility for CalFresh is fraud. Fraud can cause a criminal case to be filed against me and/or I may be barred for a period of time (or life) from getting CalFresh benefits.
- I understand that Social Security Numbers or immigration status for household members applying for benefits may be shared with the appropriate government agencies as required by federal law.

TO CONTINUE RECEIVING BENEFITS, YOU MUST SIGN AND DATE THIS APPLICATION AND BE INTERVIEWED BEFORE THE LAST DAY OF YOUR CERTIFICATION PERIOD.

WHO MUST SIGN BELOW: Adult household member/Authorized Representative/Guardian

FOR: RENEE APELO

Flora Jamila E. Apelo	6/30/25	ftapelo@aol.com/408-966-9099
Signature or Mark of Applicant	Date	Contact email/phone